CERTIFICATION OF AUDITED COST DATA

The Group Home or Foster Family Agency corporation should have their Certified Public Accountant (CPA) complete and submit this form as part of the required financial audit if the CPA has not otherwise provided written documentation which clearly shows that the required cost data reports were audited and that the information was fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Please have the completed and signed form sent to:
California Department of Social Services
Program and Financial Audits Bureau
ATTENTION: Financial Audits Unit Manager
744 P Street, MS 9-23
Sacramento, California 95814.

GROUP HOME OR FOSTER FAMILY AGENCY CORPORATE NAME	PROGRAM NUMBERS(S)
CTDEET ADDRESS	PROCEDUM FISCAL VIEWS (MOVAS MOVAS)
STREET ADDRESS	PROGRAM FISCAL YEAR (MO/YR-MO/YR)
CITY, STATE, AND ZIP CODE	PROVIDER PHONE NUMBER
The attached supplementary cost data reports are presented for the purposes of additional analysis and are not a required part of the basic financial statements but are required as supplementary information by the California Department of Social Services in accordance with Manual of Policies and Procedures Section 11-405.214. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements, and in our opinion, is fairly stated in all material respects in relation to the basic fianancial statements taken as a whole.	

In compliance with the False Claims Act (31 U.S.C. §3729-3733), I certify that the information on this form is true and correct.

SR 3 SR 4 FCR 12FFA

Check only the forms which apply:

PRINTED NAME OF CPA	SIGNATURE OF CPA	DATE
ADDRESS		
CITY, STATE AND ZIP CODE		